

**WRPI FACULTY RESEARCH INCENTIVE AWARD PROGRAM
APPLICATION COVER PAGE
2011-2012**

Application Deadline: 5:00 p.m., Tuesday, September 6th, 2011. Applications received after the deadline will be considered on a funds available basis.

Please type all information except signatures. Forms must be signed, scanned and included in one single pdf file that should be sent to lramos@csufresno.edu.

Title: _____

PI 1: _____

PI 2: _____

PI 3: _____

Targeted Funding Agency Information

Proposed Extramural Funding Agency: _____

Solicitation or Program: _____

Expected Submission Date: _____

Duration, Including Start and End Dates: _____

Estimated Funding Amount to be Requested: _____

Evidence of sponsor interest in the research/educational project. If you are planning on submitting an unsolicited proposal, you must demonstrate that the identified agency has a track record of accepting unsolicited proposals of the type planned:

If the targeted funding opportunity requires cost matching on the funds, the source of the match must be identified. *WRPI is unable to provide matching funds for research grants.*

Please cut and paste this section and fill it out again if more you plan to target more than one funding agency.

Principal Investigator 1

Name: _____

Email: _____ Phone: _____

Campus: _____

School or College: _____

Department: _____

Academic Rank (Assistant/Associate/Full Professor): _____

Assigned Time Request

Class Title: _____

WTUs Requested: _____ Semester/Quarter (Circle One)

PI Signature _____ Date _____

Authorized Campus Officials

Chair (Or Equivalent)

Name: _____

Signature: _____ Date _____

Email: _____ Phone: _____

Dean (Or Equivalent)

Name: _____

Signature: _____ Date _____

Email: _____ Phone: _____

Campus Pre-Award Officer

Name: _____

Signature: _____ Date _____

Email: _____ Phone: _____

Principal Investigator 2

Name: _____
Email: _____ Phone: _____
Campus: _____
School or College: _____
Department: _____
Academic Rank (Assistant/Associate/Full Professor): _____

Assigned Time Request

Class Title: _____
WTUs Requested: _____ Semester/Quarter (Circle One)

PI Signature _____ Date _____

Authorized Campus Officials

Chair (Or Equivalent)

Name: _____

Signature: _____ Date _____

Email: _____ Phone: _____

Dean (Or Equivalent)

Name: _____

Signature: _____ Date _____

Email: _____ Phone: _____

Campus Pre-Award Officer

Name: _____

Signature: _____ Date _____

Email: _____ Phone: _____

Additional Principal Investigators may be added by cutting and pasting one of the above sections onto a new page.